

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017639

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4099

STATE FILE NUMBER

FILED APR 23 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

admission)

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

210 Blow

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

210 Blow

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Ventura

Middle

Bertha

Last

Garcia

4. DATE

Month

Day

Year

OF  
DEATH

Apr. 11 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10/16/85

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Cook

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Spain

## 12. CITIZEN OF WHAT COUNTRY

Spain

## 13a. FATHER'S NAME

Menendez Fernandez

## 13b. MOTHER'S MAIDEN NAME

Rita Menendez

## 14. NAME OF HUSBAND OR WIFE

Leandro

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

No

## 16. SOCIAL SECURITY NO.

8

## 17. INFORMANT

Address

Anita Fitzpatrick 3632 Navajo

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

## DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

Arteriosclerotic heart dis

Aneurysm of carotid arteries

Pathological gall bladder

## INTERVAL BETWEEN

ONSET AND DEATH

4 yrs.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

420.0

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

1956

to

1963

and last saw her

him

alive on

4-10-63

Death occurred at

2:30 A.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Ralph Bergman

## 22b. ADDRESS

32038 Grand

## 22c. DATE SIGNED

4/10/63

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

## 23b. DATE

4/15/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope

## 23d. LOCATION (City, town, or county)

Lemay

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

JOS. P. FENDLER JR. 7128 MICHIGAN

## 25. DATE RECD. BY LOCAL REG.

APR 12 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.O.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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90

Dr. Ralph Berry  
3203 S. Edmund  
Pr. 3-7857

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clarence Rochow*

Licensed Embalmer No.

*3093*

P. O. Address

*7128 Michigan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.